Petitioner			
First Name	Middle Name	Last Name	
Address			
Address			
City	State	Zip Code	
and			NOTICE OF MOTION & MOTION FOR HEARING
Responden	t		
First Name	Middle Name	Last Name	
Address			PATERNITY ACKNOWLEDGMENT ACTION UNDER 767.805 Wis. Stats Case Code: 40503
Address			Case Number
City	State	Zip Code	
1. That the 2. That the 3. That the uninsured 14. That the	court determine i court address the court address the nealth care expensionary order reimb	ssues of custody an issue of child supp issue of health insues.	ort.  arance for the minor child and payment of and lying-in expenses.
This motion	n will be heard:		
	fore: cation:		
Dat Tim			

NOTICE: Both parties must bring to court a fully completed, dated, and signed Financial Disclosure Statement and all required attachments.

If you have a disability and need help court may proceed without you and an	in court, please call 715-386-4630. If you fail to appear the n order may be entered.
Date:	Petitioner:
business days before the date of the h	Motion must be served upon all other parties at least 5 earing. If service is by mail, it must be mailed at least 8 earing. See the Service Packet for more information.